

PERMIT # \_\_\_\_\_ FEE \_\_\_\_\_ RECEIVED DATE \_\_\_\_\_ CHECK # \_\_\_\_\_



**Town of Granby**  
215B West State Street  
Granby, MA. 01033  
413-467-7174 / 413-467-3101 Fax  
[boh@granbyma.org](mailto:boh@granbyma.org)

### PERC TEST APPLICATION

Name of Applicant: \_\_\_\_\_

Applicants Address: \_\_\_\_\_

Applicants Phone Number: \_\_\_\_\_

Engineering Firm (performing perc test): \_\_\_\_\_

Engineer's Phone Number: \_\_\_\_\_

Site to be Perc'd: \_\_\_\_\_

**PERC FEE:** New Lot: \$200.00                      Repair: \$150.00                      Extension: \$100.00

ALL SOIL SUITABILITY SITE ASSESSMENTS MUST BE WITNESSED BY THE BOARD OF HEALTH AND THE WITNESSING FEE PREPAID BY CHECK: MADE OUT TO THE TOWN OF GRANBY.

1. Fill out this application and submit to the Board of Health office at 215B West State Street, Granby Ma. 01033
2. The Engineering Firm will contact: Dick Bombardier for new lots or extensions at 467-9886 after 6pm, or Lee Lalonde for repairs at 467-2627 or 467-7022 to set up an appointment time to perform the perc test.
3. Once the Perc Test has been witnessed the Engineering has 30 days to send in a copy of the perc to the Board of Health office.

Signature of Owner or Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

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